



Part of #8

Application Data Sheet

**Application Information**

Application number:: 041124  
Filing Date:: 01/08/02  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification:: 623/001.13  
Suggested Group Art Unit:: 3738  
CD-ROM or CD-R? No  
Title:: Extension Prosthesis for an Arterial Repair  
Attorney Docket Number:: CRD-0903  
Request for Early Publication?: No  
Request for Non-Publication?: No  
**Suggested Drawing Figure::**  
Total Drawing Sheets:: 13  
Small Entity:: No  
Petition Included?: No  
Secrecy Order in Parent Appl.?: No

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Frank  
Middle Name::  
Family Name:: Butaric  
City of Residence:: Pembroke Pines  
State or Province of Residence:: FL  
Country of Residence:: US  
Street of mailing address:: 12915 N.W. 22<sup>nd</sup> Manor  
City of mailing address:: Pembroke Pines

State or province of mailing address:: FL  
Postal or Zip Code of mailing address:: 33028-2539

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: William  
Middle Name:: L.  
Family Name:: Howat  
City of Residence:: Weston  
State or Province of Residence:: FL  
Country of Residence:: US  
Street of mailing address:: 16208 Emerald Cove Road  
City of mailing address:: Weston  
State or province of mailing address:: FL  
Postal or Zip Code of mailing address:: 33331-3132

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Marc  
Middle Name::  
Family Name:: Ramer  
City of Residence:: Weston  
State or Province of Residence:: FL  
Country of Residence:: US  
Street of mailing address:: 1460 Garden Road  
City of mailing address:: Weston  
State or province of mailing address:: FL  
Postal or Zip Code of mailing address:: 33226-2721

Applicant Authority type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: Kenneth  
 Middle Name:: S.  
 Family Name:: Solovay  
 City of Residence:: Weston  
 State or Province of Residence:: FL  
 Country of Residence:: US  
 Street of mailing address:: 16732 Diamond Drive  
 City of mailing address:: Weston  
 State or province of mailing address:: FL  
 Postal or Zip Code of mailing address:: 33331-3160

### Correspondence Information

Correspondence Customer Number:: 27777

### Representative Information

Representative Customer Number::	27777
----------------------------------	-------

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application is	Continuation-in-Part of	09/714.080	11/16/00
09/714,080	Continuation-in-Part of	09/714,093	11/16/00
09/714,093	Continuation-in-Part of	09/714,079	11/16/00
09/714,079	Continuation-in-Part of	09/714,078	11/16/00
09/714,079	Continuation-in-Part of	09/050,347	03/30/98